



*Quality is Our Bottom Line*

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**Insurance Committee Public Hearing**

**Thursday, March 12, 2015**

**Connecticut Association of Health Plans**

**Testimony in Opposition to**

**SB 6 AN ACT DECREASING THE TIME FRAMES FOR URGENT CARE ADVERSE DETERMINATION REVIEW REQUESTS**

The Connecticut Association of Health Plans respectfully urges the Committee's rejection of SB 6 An Act Decreasing the Time Frames for Urgent Care Adverse Determination Review Requests. Two years ago, the legislature passed Public Act 13-3 which reduced the said timelines specifically associated with mental health and substance abuse coverage determinations. While it was determined by policymakers and other stakeholders at the time to be a warranted change for these select services, taking the proposal one step further and requiring the 48 hour provision for all urgent care requests should be rejected.

Please note that such specifications demand that additional staff and resources be employed by health plans at considerable expense at the same time mounting pressure is being exerted on carriers to reduce administrative expenses and bring down the costs of health care. As a matter of public policy, the state can't continue to add burdensome requirements and expect health plans to reduce costs. It's simply counter intuitive to the larger policy agenda and we hope the committee will acknowledge that dynamic and choose not to move forward with SB 6.

Likewise, passage of SB 6 may result in the exact opposite effect of what's intended. Instead of resulting in fewer denials, shortening the turn-around time from 72 hours to 48 hours may actually increase denials since often times health plans are awaiting additional documentation in support of the treatment requested before granting approval.

For the reasons stated above, we urge your rejection of SB 6. Thank you for your consideration.